

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				XL041		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A											
Property Owner ORLANDO, JIM						Phone # (715)927-8400		1. Well Location				Fire # (if avail.)									
Mailing Address N10623 CO A						Town of ATHELSTANE						W1020									
City ATHELSTANE						State WI		Zip Code 54104				Street Address or Road Name and Number ORLANDO RD									
County Marinette		Co. Permit #		Notification # 6534599101		Completed 08-17-2016		Subdivision Name				Lot #		Block #							
Well Constructor (Business Name) JEFFREY J NISLEIT				Lic. # 4475		Facility ID # (Public Wells)				Latitude / Longitude in Decimal Degree (DD) 45.3496 °N -88.1039 °W				Method Code GCD013							
Address JJ'S PLUMBING & PUMPS CRIVITZ WI 54114				Well Plan Approval #				SE NE		Section 10		Township 33 N		Range 19 E							
				Approval Date (mm-dd-yyyy)				or Govt Lot #		10		33 N		19 E							
Hicap Permanent Well #				Common Well #		Specific Capacity				2. Well Type New Well											
3. Well serves 1 # of Private, potable Heat Exchange ___ # of drillholes				Hicap Well ? No				of previous unique well # _____ constructed in Reason for replaced or reconstructed well ? Construction Type Driven Point													
				Hicap Property ? No																	
				Hicap Potable ?																	
4. Potential Contamination Sources - ON REVERSE SIDE																					
5. Drillhole Dimensions and Construction Method																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> Upper Enlarged Drillhole Rotary - Mud Circulation Rotary - Air Rotary - Air & Foam Drill-Through Casing Hammer Reverse Rotary Cable-tool Bit ___ in. dia... Dual Rotary Temp. Outer Casing ___ in. dia </td> <td style="width: 50%; padding: 5px;"> Lower Open Bedrock </td> </tr> </table>														Upper Enlarged Drillhole Rotary - Mud Circulation Rotary - Air Rotary - Air & Foam Drill-Through Casing Hammer Reverse Rotary Cable-tool Bit ___ in. dia... Dual Rotary Temp. Outer Casing ___ in. dia	Lower Open Bedrock						
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- S - -	SAND	Surface	28																		
6. Casing, Liner, Screen																					
Removed? ___ depth ft. (If NO explain on back side)																					
Dia. (in.)		Material, Weight, Specification Manufacturer & Method of Assembly				From (ft.)		To (ft.)		9. Static Water Level 15 ft. below ground surface											
2 STEEL		Surface				25		10. Pump Test Pumping level ___ ft. below surface Pumping at 7 GP M for 3 Hrs. Pumping Method ?													
Dia. (in.)		Screen type, material & slot size				From (ft.)		To (ft.)		11. Well Is 24 in. above grade Developed ? Yes Disinfected ? Yes Capped ? Yes											
2 POINT 60 GAUGE		25				28		28													
7. Grout or Other Sealing Material																					
Method																					
Kind of Sealing Material				From (ft.)		To (ft.)		# Sacks Cement		12. Notified Owner of need to fill & seal ? Filled & Sealed Well(s) as needed?											
Surface				Surface		Surface		Surface													
13. Constructor / Supervisory Driller																					
JN				Lic #		Date Signed		07-14-2017		14. Drill Rig Operator											
Drill Rig Operator				Lic or Reg #		Date Signed		Date Signed													

4a. Potential Contamination SourcesIs the well located in floodplain ? No

Type	Qualifier	Distance	Type	Qualifier	Distance
Sewer - Building Sanitary		12	Septic or Holding, or POWTS Tank		30

Comment:

Created On: 08-28-2017

Updated On: 10-22-2019

Review Status: